										Application or Docket Number					
	PATENT A		ŖĎ	l											
Effective December 29, 1999										0	9632	165			
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA			RATE		FEE	1	RATE	FEE	
BASIC FEE											345.00	OR		690.00	
TOTAL CLAIMS			20 minus 20=			. 1			X\$ 9=		OR	X\$18=	106-		
INDEPENDENT CLAIMS			g minus 3 =			:			X39=		OR	X78=			
MULTIPLE DEPENDENT CLAIM PRESENT								I	+130=	=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								-	TOTA	L		OR	TOTAL	816-	
CLAIMS AS AMENDED - PART II									<b>01441</b>		FARTITY	<b>~</b> D	OTHER SMALL I		
	enconstructur	(Colum CLAIN		Section of the sectio		Column 2) HIGHEST	(Column 3)	_	SMAL	.L I	ENTITY	OR I. I	SWALL		
AMENDMENT A	aria.	REMAIN AFTE AMENDA	ING R		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 2	7	Minus	**	27	= \		X\$ 9=	=		OR	X\$18=		
	Independent	• 3	OF M	Minus	***	<u> </u>	= · \		X39≃	:		OR	X78=		
	FIRST PRESE	NIATION	OF MU	DLIIPLE DEF	ENL	DENT CLAIM		ſ	+130=			OR	+260=		
				•		•		L	TOT			OR	TOTAL ADDIT, FEE		
		(Colum	n 1)	<b>-</b> ·	(C	Column 2)	(Column 3)	A	DDIT. FI	EE			ADDII. FEE		
AMENDMENT B		CLAIN	AS	**************************************		HIGHEST NUMBER	PRESENT	ſ			ADDI-			ADDI-	
		AFTE AMENDA	R	1 1	. Pf	REVIOUSLY PAID FOR .	EXTRA	L	RATE		TIONAL FEE		RATE	TIONAL FEE	
	Total	•		Minus	**		=		X\$ 9=	=	•	OR	X\$18=		
	Independent	•		Minus	•••		=		X39=	:		OR	X78=		
H	FIRST PRESE	NTATION	OF M	ULTIPLE DEF	PENC	JENI CLAIM		ſ	+130=	=	·, ·-=	OR	+260=		
								L	TOT			ÓR	TOTAL		
					,,	3 - l	· (Calumn 0)	A	DDIT. FI	EE			ADDIT. FEE		
_	Steen A Section	(Colum		Object Tables		Column 2) HIGHEST	(Column 3)	_			AODI	ı		ADDI-	
AMENDMENT C		REMAIN AFTE AMENDA	IING R		Pí	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	:	ADDI- TIONAL FEE	,	RATE,	TIONAL FEE	
	Total	•		Minus	**		=		X\$ 9=			OR	X\$18=		
	Independent	•		Minus	**		= .	T	X39=			OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							ŀ		-		ν <sup>π</sup> .			
					_		·h		+130=		•	OR	+260=		
**	If the entry in colu If the "Highest Nu	mber Previ	ously P	aid For IN THI	IS SP	ACE is less that	an 20, enter "20."	A	TÖT. DDIT. FI			OŖ	TOTAL ADDIT. FEE		
"	"If the "Highest Nu The "Highest Nun	ımber Previ nber Previo	ously P usly Pa	aid For IN TH id For (Total o	is SP or Inde	ACE is less the spendent) is the	an 3, enter "3." e highest numbe	r four	nd in the	ар	propriate bo	x in co	dumn 1.		